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**Subject: Compliance Buys**

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Effective Date: October 1, 2007

Revised from: October 1, 2006

**Policy:** The Kansas WIC program shall conduct covert buys to monitor vendor compliance with WIC policy and procedure. The goal is not to create a punitive mechanism, but is designed to identify specific areas that indicate a need for change in the vendor's business practices and possibly a need for additional training to prevent program abuse.

Compliance buys may also be conducted by a professional company under contract with the State Agency (SA). Compliance buys may be performed either on a random basis or as a follow-up to determine if cited or identified violations have been corrected.

**Reference: 7 CFR § 246.12**

**Procedure:**

1. The compliance buy is an investigation involving an undercover (covert) on-site visit in which an individual poses as a WIC client or Proxy and purchases items in order to determine the vendor's compliance or noncompliance with program requirements.
2. Annually, compliance buys will be conducted for up to five percent (5%) of all high-risk vendors identified. If the actual number of identified high-risk vendors exceeds five percent (5%), the SA will prioritize the identified vendors, up to the five percent (5%) minimum, based on the greatest potential for noncompliance.
3. If fewer than five percent (5%) of the authorized vendors are identified as high-risk, the SA will randomly select additional vendors in order to meet the five percent (5%) minimum.
4. The vendor will be advised in writing of the outcome of the compliance investigation.
5. Local Agency (LA) staff conducting a compliance buy investigation shall be trained on a one-on-one basis prior to any covert transactions. Training information can be found in Vendor Investigations, Appendix 5.



# Compliance Buy Report

WIC Case I.D.# \_\_\_\_\_ Vendor # \_\_\_\_\_ Date \_\_\_\_\_ Page 1 of 4

Vendor Name: \_\_\_\_\_ Time Entered Store: \_\_\_\_\_  
Address: \_\_\_\_\_ Time Out of Store: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## Evaluator's Statement:

1. I, \_\_\_\_\_, declare as an Evaluator for \_\_\_\_\_, make the following statement freely and voluntarily, knowing that this statement may be used as evidence. On the above date, the WIC instruments furnished by the State Agency were used by me in the subject store. After the completion of the transaction, I delivered to the State Agency all items for evidence, any receipts for donated items, all register tapes improperly issued and any unused WIC food instrument(s).
2. On the above date and time, I entered the vendor location and selected items to purchase. I made the following observations:
  - A. Number of checkout registers..... \_\_\_\_\_
  - B. Number of registers in use at time of purchase..... \_\_\_\_\_
  - C. Number of person(s) ahead of me in line at checkout..... \_\_\_\_\_
  - D. Number of person(s) behind me in line at checkout..... \_\_\_\_\_
  - E. Amount of items purchased as indicated in the Summary of Purchase..... \_\_\_\_\_
  - F. The cashier compared my identification to what was on the WIC check..... Yes ☐ No ☐ N/A ☐
  - G. The cashier verified that all items were WIC authorized foods..... Yes ☐ No ☐ N/A ☐
  - H. The cashier filled in the actual purchase amount prior to me signing the WIC check... Yes ☐ No ☐ N/A ☐
  - I. The cashier wrote the dollar amount indicated on the register onto the check..... Yes ☐ No ☐ N/A ☐

## Comments:

Signature of Evaluator \_\_\_\_\_

WIC Case I.D.# \_\_\_\_\_

Vendor # \_\_\_\_\_

Date \_\_\_\_\_

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**Description of Cashier:**Name: \_\_\_\_\_ Male ☐ Female ☐ Approx. Age: \_\_\_\_\_Name Tag: Yes ☐ No ☐ Glasses: Yes ☐ No ☐ Approx Height: \_\_\_\_\_

Other Means of Identification: \_\_\_\_\_

Hair: Color \_\_\_\_\_ Build: Slender ☐ Complexion: Fair ☐Style \_\_\_\_\_ Medium ☐ Medium ☐Mustache ☐ Beard ☐ Large ☐ Dark ☐**Comments of Cashier:**

\_\_\_\_\_

**Summary of Food Items Purchase:****ELIGIBLE ITEMS PURCHASED**

Quantity	Brand Name	Item	Price		
			Each	Total	
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained

**INELIGIBLE ITEMS PURCHASED**

Quantity	Brand Name	Item	Price		
			Each	Total	
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained
			\$	\$	<input type="checkbox"/> Donated <input type="checkbox"/> Retained

Total of Items Purchased \$

**ITEMS REFUSED AT CHECKOUT**

Quantity	Brand Name	Item

Signature of Evaluator \_\_\_\_\_

Any unused WIC checks

attach in this area

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**Prior to Transaction**

The following information was pre-printed on the above check:

Check Number \_\_\_\_\_ Client ID and name \_\_\_\_\_

**During the Transaction**

The following was added to the above check:

☐ Actual dollar amount of sale \$ \_\_\_\_\_ Other Information \_\_\_\_\_

☐ Signature of Client or Authorized \_\_\_\_\_

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**After the transaction and the evaluator had left the vendor location**

(State Agency WIC Use Only)

The following was added or altered on the above check:

Added	Altered
Added	Altered
Added	Altered
Added	Altered

Signature of Evaluator \_\_\_\_\_

***Additional Comments and/or Receipts:***

I certify that the donated items were presented to::

Organization Name	Address	Signature and Date

**FINDING**

The property item(s) donated to the above named organization have been found to have no commercial value or the estimated cost of continued care and handling would exceed the estimated proceeds from sale.

***Certification***

This declaration consists of four pages. I have initialed or signed each page. The facts in this declaration are true to my knowledge. In the event I am called to testify as a witness in any proceeding, I am competent to testify to matters stated herein. I declare under penalty of perjury the foregoing is true and correct.

\_\_\_\_\_  
Date Executed (Month, Day, Year)

Signature of Evaluator \_\_\_\_\_